

April 7, 2023

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

EXECUTIVE SUMMARY

ALL COUNTY LETTER NO. 23-14E

The purpose of this Erratum is to correct an omission in All County Letter (ACL) 23-14, which notified counties of an Amendment to the 2019 California Department of Social Services (CDSS) Privacy and Security (PSA) Agreement and provided instructions for returning signed Amendments to the CDSS. This Erratum includes the PSA Agreement Amendment that counties will need to complete as current Agreements are set to expire March 1, 2023. The purpose of the Amendment between CDSS and each County Welfare Department (CWD)/Agency is to extend the termination date of the 2019 Agreement by a year to allow ongoing transmissions of Personally Identifiable Information (PII) while the 2022 renewal of the Agreement is negotiated and finalized between CDSS and the CWDs/Agencies. The Amendment will remain in effect until March 1, 2024 or upon execution of a successor Agreement, whichever occurs sooner. All 58 CWDs are required to sign the 2019 Agreement Amendment to prevent disruptions to the transmission of PII between the counties and CDSS.



KIM JOHNSON
DIRECTOR

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY
DEPARTMENT OF SOCIAL SERVICES
744 P Street • Sacramento, CA 95814 • www.cdss.ca.gov



GAVIN NEWSOM
GOVERNOR

April 7, 2023

ERRATUM

ALL COUNTY LETTER NO. 23-14E

TO: ALL COUNTY WELFARE DIRECTORS
ALL COUNTY ADMINISTRATION OFFICES
ALL COUNTY PRIVACY AND SECURITY OFFICERS

SUBJECT: **ERRATUM TO ALL COUNTY LETTER 23-14, AMENDMENT
REQUIRED FOR 2019 PRIVACY AND SECURITY AGREEMENT
(PSA)**

REFERENCE: [ALL COUNTY LETTER \(ACL\) 23-14](#), [ACL 19-56E](#), [STATE
ADMINISTRATIVE MANUAL \(SAM\) SECTION 1240](#), AND [SAM
SECTION 1734](#)

The purpose of this Erratum is to transmit a copy of the amended Privacy and Security Agreement (PSA) form, which was inadvertently omitted from [ACL 23-14](#). County Welfare Departments (CWDs)/Agencies are asked to complete the attached form, following the submission guidelines below.

SUBMISSION GUIDELINES

The Agreement Amendment template is attached to this Errata. CWDs/Agencies should follow the instructions below when returning signed Amendments to the California Department of Social Services (CDSS). The CWD/Agency should not modify any of the Amendment language, except as instructed below.

- The CWD/Agency shall complete the Preamble of the Agreement by entering the name of the County and the CWD/Agency.
- The CWD/Agency shall enter signatory information. The name and title of the signatory must be printed or typed.
- The CWD/Agency shall modify the Header of the Agreement in order to enter the appropriate Agreement Number. The enclosed Agreement displays a sample Agreement Number of "19-XX." CWDs should replace the "XX" with the appropriate two-digit county code.

Authorized CWD/Agency officials may sign the Amendment electronically or with wet signature. CDSS will accept electronic signatures according to CDSS-approved methods as dictated by the [State Administrative Manual Sections 1240](#) and [1734](#).

If choosing to sign electronically, the CWD/Agency shall submit one signed Amendment to CDSS at the email address below. If choosing to sign with a wet signature, the CWD/Agency shall submit at least two signed copies of the Amendment, both of which are to contain the original wet signature to CDSS at the physical address below. If the CWD/Agency would like to have an additional Amendment in wet signature, additional signed copies can be submitted with a written request that CDSS return multiple copies to the CWD/Agency.

The CWD/Agency should ensure that CDSS receives the signed Amendment by **June 1, 2023**. The CWD/Agency should contact CDSS as soon as possible if unable to submit the signed Amendments by the due date.

Physical address for submission of Amendment with wet signature:

Department of Social Services
Information Security & Privacy Office - PSA
744 P Street, MS 9-10-59
Sacramento, CA 95814

Email address for submission of Amendment with electronic signature:

cdsspsa@dss.ca.gov

At the time of the Amendment submission, electronic or hard copy, CWD/Agency shall include a contact name, physical mailing address or email address, and contact phone number, which will be used when CDSS returns the signed Agreement(s) to the County Department/Agency.

Once CDSS receives the signed Amendments, they will be signed by CDSS and executed copies of the Amendments will be returned to the CWD/Agency via either email or overnight delivery.

If you have any questions or need additional guidance regarding the information in this Erratum, contact the PSA inbox at cdsspsa@dss.ca.gov.

Sincerely,

Original Document Signed By

CHAD CROWE
Deputy Director, Chief Information Officer
Information Systems Division

Attachment

**AMENDMENT TO THE
PRIVACY AND SECURITY AGREEMENT (Agreement)
BETWEEN**

the California Department of Social Services (CDSS) and the

County of _____,

Department/Agency of _____;

parties to the Agreement #19-_____, effective on September 1, 2019.

This Amendment entered into by between the

County of _____,

Department/Agency of _____,

(County Department) and CDSS, extends the termination date of the Agreement to allow ongoing transmissions of PII while the renewal of the Agreement is negotiated and finalized between CDSS and the County Departments/Agencies.

AGREEMENTS

CDSS and County Department/Agency mutually agree to modify the following parts of the Agreement as set forth below:

XVIII. TERMINATION

- A. This Agreement shall terminate on either March 1, 2024 or upon execution of a successor Agreement, whichever occurs sooner. The parties can agree in writing to extend the term of the Agreement. County Department/Agency requests for an extension shall be approved by CDSS and limited to no more than a six (6) month extension.
- B. **Survival:** All provisions of this Agreement that provide restrictions on disclosures of PII and that provide administrative, technical, and physical safeguards for the PII in the County Department/Agency's possession shall continue in effect beyond the termination or expiration of this Agreement, and shall continue until the PII is destroyed or returned to CDSS.

Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this amendment and the Agreement, the terms of this amendment will prevail.

SIGNATORIES

The signatories below warrant and represent that they have the competent authority on behalf of their respective agencies to enter into the obligations set forth in this Agreement.

The authorized officials whose signature appears below have committed their respective agencies to the terms of the Agreement.

For the County of _____,

Department/Agency of _____,

(Signature)

(Date)

(Name)

(Title)

For the California Department of Social Services,

(Signature)

(Date)

Sharon Hoshiyama

Chief, Contracts Bureau

(Name)

(Title)